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Bib Data Sheet

CONFIRMATION NO. 8796

SERIAL NUMBER 10/019,343	FILING DATE 05/20/2002 RULE	CLASS 711	GROUP ART UNIT 2185	ATTORNEY DOCKET NO. 450101-03178	
APPLICANTS Takao Yoshimine, Kanagawa, JAPAN; ** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/JP01/03740 04/27/2001 ** FOREIGN APPLICATIONS ***** JAPAN 2000-126851 04/27/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY JAPAN	SHEETS DRAWING 46	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 3
ADDRESS William S Frommer Frommer Lawrence & Haug 745 Fifth Avenue New York, NY 10151					
TITLE Information providing device					
FILING FEE RECEIVED 1020	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY JAPAN	SHEETS DRAWING 46	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 3
ADDRESS William S Frommer Frommer Lawrence & Haug 745 Fifth Avenue New York, NY 10151					
TITLE Data-providing apparatus, data-providing method and program-storing medium					
FILING FEE RECEIVED 1020	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		